[X]

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No. 81044207

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled

PARK BRAKE MECHANISM FOR INTEGRATED TRANSMISSION AND TRANSFER CASE

the specification of	which is attached hereto.	
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no such applications have been filed, or

I have reviewed and understand the contents of the specification identified above, including the claims.

I acknowledge my duty to disclose information of which I am aware that is material to the examination of this application in accordance with Section I.56(a), Title 37 of the Code of Federal Regulations; and as to application for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

[]	such applications have been filed as follows:				
[]	[] I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below				
COUNTRY	APPLICATION NO.	DATE OF FILING	DATE OF ISSUE	PRIORITY	☐ Additional
	ľ	(month, day, year)	(month, day, year)	CLAIMED	provisional
				UNDER 35 USC 119	application
					numbers are listed
					on a supplemental
					priority data sheet
					PTO/SB/02B
			,		attached hereto.

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filling date of the prior application and the national or PCT International filling date of this application.

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

POWER OF ATTORNEY: - I/we hereby appoint the following Practitioners at: Customer Number 28866, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office and all foreign Patent Offices.

Please direct all correspondence to: 28866

Address all corresp indence and telephone call t: 28866

Donald Wilkinson - 35410 MacMillan Sobanski & Todd 38705 W. Seven Mile Road Suite 405 Livonia, MI 48152, USA 734-542-0017

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name: Home Address: City, State, Zip: Country: Residence: Nationality:	Timothy Allen 16302 Blue Skies, Livonia, MI 48154 United States of America Livonia, MI 48154 United States of America	SIGN. Jima United States		Date: _	11/10/63
Manoriality.	_			Date:	
Name: Home Address: City, State, Zip: Country: Residence: Nationality:	Steven Thomas 5547 Pebbleshire Rd., Bloomfield Hills, MI 48301 United States of America Bloomfield Hills, MI 48301 United States of America	United States	of America		
,				Date: _	
Name: Home Address: City, State, Zip: Country: R sidence: Nationality:	United States of America	48044 48044	United States of Americ	 :a	

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		SIGNATURE:		
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Residence: Nationality:	Bloomfield Hills, MI 48301 United States of America	United States of Americ	a	
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			SIGNATURE:	
Name: Home Address: City, State, Zip: Country: Residence: Nationality:	Timothy Alien 16302 Blue Skies, Livonia, Mi 48154 United States of America Livonia, Mi 48154 United States of America	United	d States of America	Date:
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